


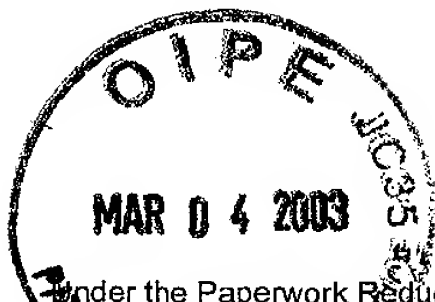
→ 8PM

| AMENDMENT TRANSMITTAL LETTER  |                                  |                                   |                             | Docket No.<br>N9450.0032/P032 |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
|---|----------------------------------|-----------------------------------|-----------------------------|-------------------------------|---------------|-------------------|--|--|--|--|--|--|----------------------------------|--------------------------------|-----------------------------|------|--|--------------|----|--------|--|---|------|--------------------|---|-------|---|---------|--------|---|--|--|--|--|------|-----------------------------|--|--|--|--|--|---|--|--|--|--|---------------|
| Application No.<br>09/963,414-Conf. #8969   |                                  | Filing Date<br>September 27, 2001 |                             | Examiner<br>J. Waks           |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
|   |                                  |                                   |                             | Art Unit<br>2834              |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| Applicant(s): Shinichi Wakui, et al.  |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| Invention: ROTOR AND ROTATING ELECTRICAL MACHINE WITH EMBEDDED PERMANENT MAGNET   |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| <p align="center"><b>TO THE COMMISSIONER FOR PATENTS</b></p> <p>Transmitted herewith is an amendment in the above-identified application.<br/>The fee has been calculated and is transmitted as shown below.</p>  |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| <table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>20</td><td>- 20 =</td><td></td><td>x</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>6</td><td>- 4 =</td><td>2</td><td>x 84.00</td><td>168.00</td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/></td><td>0.00</td></tr><tr><td colspan="5">Other fee (please specify):</td><td></td></tr><tr><td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td><td><b>168.00</b></td></tr></tbody></table> |                                  |                                   |                             |                               |               | CLAIMS AS AMENDED |  |  |  |  |  |  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |  | Total Claims | 20 | - 20 = |  | x | 0.00 | Independent Claims | 6 | - 4 = | 2 | x 84.00 | 168.00 | Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/> |  |  |  |  | 0.00 | Other fee (please specify): |  |  |  |  |  | <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> |  |  |  |  | <b>168.00</b> |
| CLAIMS AS AMENDED   |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
|   | Claims Remaining After Amendment | Highest Number Previously Paid    | Number Extra Claims Present | Rate                          |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| Total Claims  | 20                               | - 20 =                            |                             | x                             | 0.00          |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| Independent Claims  | 6                                | - 4 =                             | 2                           | x 84.00                       | 168.00        |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>   |                                  |                                   |                             |                               | 0.00          |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| Other fee (please specify):   |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |                                  |                                   |                             |                               | <b>168.00</b> |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity  |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| <input type="checkbox"/> No additional fee is required for this amendment.  |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____<br>A duplicate copy of this sheet is enclosed.   |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.   |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u><br>as described below. A duplicate copy of this sheet is enclosed.  |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| <input checked="" type="checkbox"/> Credit any overpayment.   |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |                                  |                                   |                             |                               |               |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |              |    |        |  |   |      |                    |   |       |   |         |        |   |  |  |  |  |      |                             |  |  |  |  |  |   |  |  |  |  |               |



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Dated: March 4, 2003



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PTO/SB/17 (01-03)  
Approved for use through 04/30/2003. OMB 0651-0032

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|  |  |                          |                        |
|--|--|--------------------------|------------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2003</b><br><i>Patent fees are subject to annual revision.</i> |  | <b>Complete if Known</b> |                        |
|  |  | Application Number       | 09/963,414-Conf. #8969 |
|  |  | Filing Date              | September 27, 2001     |
|  |  | First Named Inventor     | Shinichi Wakui         |
|  |  | Examiner Name            | J. Waks                |
|  |  | Group Art Unit           | 2834                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                     |  | Attorney Docket No.      | N9450.0032/P032        |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | <b>(\$)</b>              | <b>168.00</b>          |

| <b>METHOD OF PAYMENT</b> (check all that apply)   |              | <b>FEE CALCULATION</b> (continued) |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
|---|--------------|------------------------------------|--------------|---|--------------------|-----------------|----------|--|--|------|-----|-------------------------------|--|--|--|------|-----|---|--|--|--|------|-----|--|--|--|--|------|-----|--|--|--|--|------|-----|---|--|---------------------|--|--|--|--|--------------------|--|--|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |              | <b>3. ADDITIONAL FEES</b>          |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| <input checked="" type="checkbox"/> Deposit Account   |              |                                    |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| Deposit Account Number: 04-1073   |              |                                    |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP  |              |                                    |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| The Commissioner is hereby authorized to: (check all that apply)  |              |                                    |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments   |              |                                    |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  |              |                                    |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |              |                                    |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| <b>FEE CALCULATION</b>  |              |                                    |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| <b>1. BASIC FILING FEE</b>  |              |                                    |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td></td><td></td><td>1001</td><td>750</td><td>2001 375 Utility filing fee</td><td></td></tr><tr><td></td><td></td><td>1002</td><td>330</td><td>2002 165 Design filing fee</td><td></td></tr><tr><td></td><td></td><td>1003</td><td>520</td><td>2003 260 Plant filing fee</td><td></td></tr><tr><td></td><td></td><td>1004</td><td>750</td><td>2004 375 Reissue filing fee</td><td></td></tr><tr><td></td><td></td><td>1005</td><td>160</td><td>2005 80 Provisional filing fee</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b> 0.00</td></tr></tbody></table>   |              | Large Entity                       | Small Entity | Fee Code  | Fee (\$)           | Fee Description | Fee Paid |  |  | 1001 | 750 | 2001 375 Utility filing fee   |  |  |  | 1002 | 330 | 2002 165 Design filing fee                |  |  |  | 1003 | 520 | 2003 260 Plant filing fee                      |  |  |  | 1004 | 750 | 2004 375 Reissue filing fee                                |  |  |  | 1005 | 160 | 2005 80 Provisional filing fee                                    |  | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>(\$)</b> 0.00   |  |  |
| Large Entity  | Small Entity | Fee Code                           | Fee (\$)     | Fee Description   | Fee Paid           |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
|   |              | 1001                               | 750          | 2001 375 Utility filing fee                                       |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
|   |              | 1002                               | 330          | 2002 165 Design filing fee  |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
|   |              | 1003                               | 520          | 2003 260 Plant filing fee   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
|   |              | 1004                               | 750          | 2004 375 Reissue filing fee                                       |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
|   |              | 1005                               | 160          | 2005 80 Provisional filing fee                                    |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| <b>SUBTOTAL (1)</b>   |              |                                    |              |   | <b>(\$)</b> 0.00   |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>  |              |                                    |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
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| Large Entity  | Small Entity | Fee Code                           | Fee (\$)     | Fee Description   | Fee Paid           |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
|   |              | 1202                               | 18           | 2202 9 Claims in excess of 20                                     |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
|   |              | 1201                               | 84           | 2201 42 Independent claims in excess of 3                         |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
|   |              | 1203                               | 280          | 2203 140 Multiple dependent claim, if not paid                    |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
|   |              | 1204                               | 84           | 2204 42 ** Reissue independent claims over original patent        |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
|   |              | 1205                               | 18           | 2205 9 ** Reissue claims in excess of 20 and over original patent |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| <b>SUBTOTAL (2)</b>   |              |                                    |              |   | <b>(\$)</b> 168.00 |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
| **or number previously paid, if greater; For Reissues, see above  |              |                                    |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |
|   |              |                                    |              |   |                    |                 |          |  |  |      |     |                               |  |  |  |      |     |   |  |  |  |      |     |  |  |  |  |      |     |  |  |  |  |      |     |   |  |                     |  |  |  |  |                    |  |  |

|                     |                         |                                   |                |
|---------------------|-------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                         | <b>Complete (if applicable)</b>   |                |
| Name (Print/Type)   | Mark J. Thronson        | Registration No. (Attorney/Agent) | 33,082         |
| Signature           | <i>Mark J. Thronson</i> | Telephone                         | (202) 775-4742 |
|                     | Reg. No. 34,378         | Date                              | March 4, 2003  |

Application No.: 09/963,414



Docket No.: N9450.0032/P032

Docket No.: N9450.0032/P032  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Shinichi Wakui, et al.

Application No.: 09/963,414

Group Art Unit: 2834

Filed: September 27, 2001

Examiner: J. Waks

For: ROTOR AND ROTATING ELECTRICAL  
MACHINE WITH EMBEDDED  
PERMANENT MAGNET

**AMENDMENT**

**Box Non-Fee Amendment**  
Commissioner for Patents  
Washington, DC 20231

Dear Sir:

In response to the Office Action dated December 4, 2002 (Paper No. 5), please amend the above-identified U.S. patent application as follows.

03/06/2003 MMDHAMM1 00000033 09963414

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